TEXAS DEPARTMENT OF INSURANCE
Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
Nueva Vida Behavioral Health

Respondent Name
Arch Insurance Co

MFDR Tracking Number
M4-17-1716-01

Carrier's Austin Representative
Box Number 19

MFDR Date Received
February 6, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We have corrected the claims showing the appointment time/duration. …Please reprocess the attached claim and supporting documentation for payment."

Amount in Dispute: $145.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The Division placed a copy of an acknowledgement of receipt of the medical fee dispute resolution on February 14, 2017.

Texas Administrative Code §133.307 (d) (1) states,

> Responses to a request for MFDR shall be legible and submitted to the division and to the requestor in the form and manner prescribed by the division.
>
> (1)Timeliness. The response will be deemed timely if received by the division via mail service, personal delivery, or facsimile within 14 calendar days after the date the respondent received the copy of the requestor's dispute. If the division does not receive the response information within 14 calendar days of the dispute notification, then the division may base its decision on the available information.

As no response was received, this dispute will be reviewed based on available information.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 31, 2016	90837	$145.00	$145.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional medical services.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - 112 – Service not furnished directly to this patient and/or not documented
   - BL – This bill is a reconsideration of a previously reviewed bill. Allowance amount do not reflect previous payments

Issues

1. Are the insurance carrier's reasons for denial or reduction of payment supported?
2. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor is seeking reimbursement of code 90837 – "Psychotherapy, 60 minutes with patient" rendered on March 31, 2016.

   The insurance carrier denied disputed services with claim adjustment reason code 112 – "Service not furnished directly the patient and/or not documented."

   Review of the submitted document titled "Treatment progress note" dated March 31, 2016 indicates "60 minutes" and the claimant's name. Therefore, the carrier's denial is not supported. The service in dispute will be reviewed per the applicable fee guideline discussed below.

2. Procedure code 90837, service date March 31, 2016, represents a professional service with reimbursement determined per 28 Texas Administrative Code §134.203(c) To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications.

   (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is (date of service yearly conversion factor).

Date of Service	Submitted Code	Units	Billed Amount	Allowable	MAR / DWC Conversion Factor/Medicare Conversion Factor x Allowable = MAR
March 31, 2016	90837	1	$145.00	$126.13	56.82/35.8043 x $129.91 = $200.16

28 Texas Administrative Code §134.203(h), states in pertinent part, reimbursement shall be the least of the:

(1) MAR amount;
(2) health care provider's usual and customary charge

The submitted usual and customary charge $145.00. This amount is recommended.

3. Based on the information submitted and the applicable rules and fee guidelines the Division finds the requestor is due the amount requested of $145.00

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is $145.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Sec. 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services in dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of $145.00, plus applicable accrued interest per 28 Texas Administrative Code §134.130 due within 30 days of receipt of this Order.

Authorized Signature

		April 7, 2017
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.